



**North Carolina
Department of Health and Human Services
Division of Public Health**

2728 Capital Boulevard • 1912 Mail Service Center • Raleigh, North Carolina 27699-1912 • Courier 56-32-00

**Biological Contamination in Buildings--Inspection Checklist
for Re-Occupancy**

Occupational and Environmental Epidemiology Branch (919) 733-3410

Name of Occupant: _____ Name of Owner: _____

Address: _____ Address: _____

County: _____ County: _____

Telephone: _____ Telephone: _____

Business: **YES NO** Residence: **YES NO**

Name of Person Performing Inspection: _____ Date: _____

Agency/Address and phone number: _____

1. *Is the building currently occupied?*

YES NO

2. *Is cleanup or renovation of the building in progress?*

YES NO

3. *Was the heating ventilation and air-conditioning system flooded?*

YES NO

4. *Have porous building materials and furnishings that were contaminated with
floodwater been discarded? YES NO*

List remaining materials and items: _____

5. *Are there wet building materials or furnishings in the building?*

YES NO

Describe remaining wet materials and furnishings: _____

6. *Have flood debris and sediment been removed from all materials and surfaces?*

YES NO

Describe remaining debris and sediment: _____

7. *Is there visible fungal growth present on building materials, furnishings or surfaces?* **YES** **NO**

Describe contaminated surfaces, locations and approximate area (square feet):

8. *Is the building safe to occupy per NC DHHS guidelines for re-occupying buildings?* **YES** **NO**

9. *Recommendations for additional cleanup or renovations:* _____

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